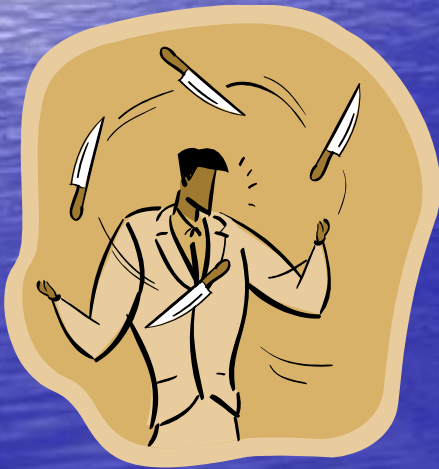


"Knife Throwing"

Question and Answer With the On-Call Nurse



Mary Stanley, RN
Clinical Nurse Consultant
NC Immunization Branch

Objectives

- Discuss the most common questions posed from the field.
- Identify where to find answers to these questions.
- Resources to have on hand.

Where do calls come from?

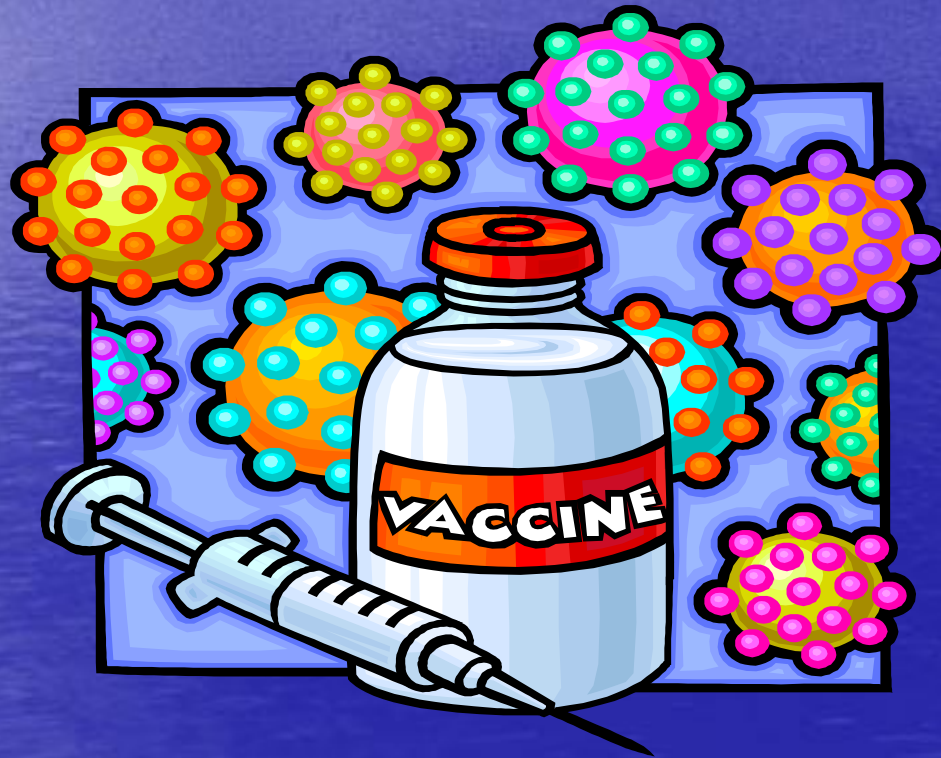


- Private Physicians Offices
- Hospitals
- Local Health Departments
- Other State Health Departments
- CDC
- Schools/Universities
- Childcare Facilities
- General Public

What type of questions?

- Vaccine
 - Immunization Schedules
 - Minimum Intervals
 - Catch-up schedule
 - Administration
 - The Law
- Memos from the Immunization Branch
- Coverage Criteria
- NCIR

MOST COMMONLY ASKED QUESTIONS: VACCINE RELATED



VACCINES-GENERAL

Q: Why do ACIP recommendations not always agree with package inserts?

VACCINES-GENERAL

A:

- Close agreement between vaccine package inserts and the ACIP recommendations.
- The FDA must approve the package insert.
- ACIP sometimes makes other recommendations.
- Published recommendations of national advisory groups (such as ACIP or AAP's Committee on Infectious Diseases) should be considered equally as authoritative as those on the package insert.

VACCINES-GENERAL

Q: Is it necessary to start a vaccine series over if a patient doesn't come back for a dose at the recommended time, even if there has been a year or more delay?

A: For routinely administered vaccines, there is no vaccine series that needs to be restarted because of an interval that is longer than recommended. In certain circumstances, oral typhoid vaccine (which is sometimes given for international travel) needs to be restarted if the vaccine series isn't completed within the recommended time frame.

VACCINES-GENERAL

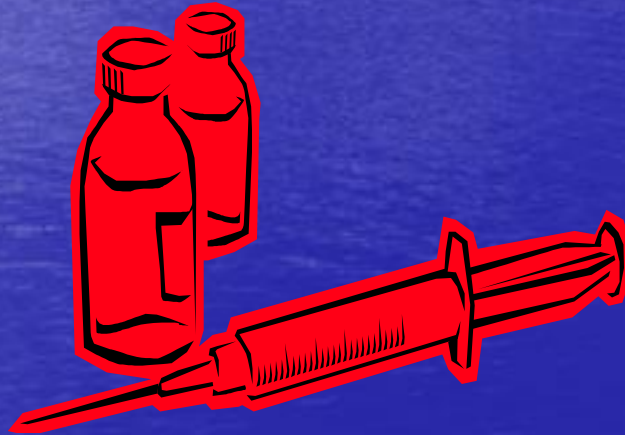
Q:How many vaccines can be given at one time during an office visit?

A: ACIP and AAP consistently recommend that all needed vaccines be administered during an office visit.



VACCINES-GENERAL

Q: Are vaccine diluents interchangeable?



VACCINES-GENERAL

A: As a general rule vaccine diluents are not interchangeable. One exception is that the diluent for MMR can be used to reconstitute varicella vaccine, and vice versa. The diluent for both vaccines is sterile water for the injection, and is produced by the same company. No other diluent can be used for MMR and varicella vaccines, and these diluents must not be used to reconstitute any other lyophilized vaccine.

VACCINES-GENERAL

Q: If some portion of a vaccine (e.g., influenza) leaks out of the syringe while it is injected into a patient, does the dose need to be repeated and if so, when?

A: When this happens, it is difficult to judge how much the person received. This would be a nonstandard dose and should not be counted. You should go ahead and re-immunize the individual at that time.

VACCINES-GENERAL

Q: What should we do if a dose of expired vaccine is given to a patient?

A: The dose should be repeated. If the dose is a live virus vaccine, you should wait at least 4 weeks after the previous (expired) dose was given before repeating it. If the expired dose is not a live virus vaccine, the dose should be repeated as soon as possible. If you prefer, you can perform serologic testing to check for immunity for certain vaccinations (e.g. measles, rubella, mumps, and varicella)

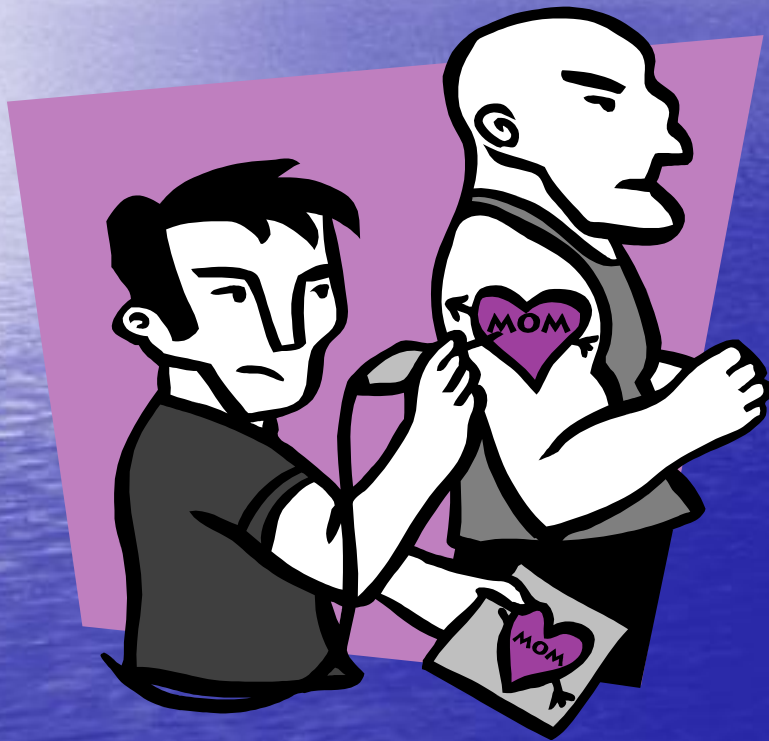
VACCINES-GENERAL



Q: How long should a woman of child-bearing age avoid pregnancy after receiving a live attenuated vaccine?

A: Due to theoretical risks to the developing fetus, ACIP recommends that a women avoid pregnancy for four weeks after receiving a live attenuated vaccine (e.g., MMR, varicella, LAIV). This interval may be shorter than that recommended by the manufacturer.

VACCINES-GENERAL



Q: Is it safe to give a vaccine directly into an area where there is a tattoo?

A: Both IM and SQ vaccines can be given through a tattoo.

COMBINATION VACCINES

Q: Can we switch back and forth from monovalent vaccines at one visit to combination vaccines at another?

A: Switching between combination and single-antigen vaccines poses no problem as long as you maintain the recommended minimum intervals between doses.

COMBINATION VACCINES

Q: Is Pediarix (DTaP-HepB-IPV) only intended for use at 2, 4, and 6 months of age?

A: No, Pediarix is licensed for use in children ages 6 weeks through 6 years for doses 1, 2, and 3 of the DTaP primary series, as long as the minimum intervals are met for all components of the vaccine.

COMBINATION VACCINES

Q: If Kinrix (DTap-IPV) is inadvertently given to a child 12 to 18 months, as the fourth DTaP dose and the third IPV dose, does the DTap and IPV dose have to be repeated?

A: Since Kinrix is licensed and recommended only for children ages 4 through 6 years, you should take measures to prevent this error in the future. However, you can count this as a valid dose for DTaP and IPV as long as the minimum interval has been met between the individual components.

COMBINATION VACCINES

Q: I have seen adults who have had 1 or 2 doses of Twinrix, but we carry only single-antigen vaccine in our practice. How should we complete their vaccination series with single-antigen vaccines?

COMBINATION VACCINES

A: Twinrix is licensed as a 3-dose series for people age 18 years and older. A dose of Twinrix contains a standard adult dose of hepatitis B vaccine and a pediatric dose of hepatitis A vaccine. Thus, a dose of Twinrix can be substituted for any dose of the hepatitis B series but not for any dose of the hepatitis A series. If the Twinrix is not available or if you choose not to use Twinrix to complete the Twinrix series, you should do the following:

- Any combination of 3 doses of adult hepatitis B or 3 doses of Twinrix = a complete series of hepatitis B vaccine
- One dose of Twinrix + 2 doses of adult hepatitis A = a complete series of hepatitis A vaccine
- Two doses of Twinrix + 1 dose of adult hepatitis A = a complete series of hepatitis A vaccine

VACCINES: LAW RELATED



VACCINES: LAW RELATED

Q: The ACIP recommendations for IPV changed in 2009, but the NC Law has not, how do we handle this?

VACCINES: LAW RELATED

A: The new recommendations are:

- IPV at 2mos; 4mos; 6-18mos; and at 4-6 yrs of age
- Final dose should be on or after the 4th birthday (whether this is dose 3 or dose 4)
- Minimum interval between dose 3 and 4 is recommended now to be 6 months

NC law still states children must have 4 doses: two by 5mos; a third before age 19mos; and a booster before enrolling in school. We cannot enforce ACIP recommendations that are not reflected in the NC Law.

VACCINES: LAW RELATED

Q: Are there any exemptions or exceptions to the immunization requirements?

A: Yes. There are two exemptions: one for children with medical contraindications, and one for children whose parents or guardians have bona fide religious objections to immunizations. NC law does not recognize a nonreligious "philosophical" or "personal" exemption to immunizations.

VACCINES: LAW RELATED



Q: Must a child be immunized before attending school or day care?

VACCINES: LAW RELATED

A: NC's childhood immunization requirements apply to all children, not just those enrolling in school or daycare. "Every child present in this state" must be immunized according to the schedule in the state immunization rules.

Thus NC's childhood immunization requirements are not triggered by school or daycare enrollment – but they are reinforced by it.

VACCINES: LAW RELATED



Q: May adolescents consent to their own immunizations?

VACCINES: LAW RELATED

A: Under NC's minor's consent law, some adolescents may consent to receive immunizations on their own. The law allows physicians to accept an unemancipated minor's consent for the prevention of venereal diseases and reportable communicable diseases. Most of the immunizations that are required or recommended for children prevent either venereal diseases or communicable diseases that are reportable under NC law. Cont'd.....

VACCINES: LAW RELATED

The law actually says that “any” minor may give effective consent, but “any” should not be taken literally. The minor’s consent law gives unemancipated minors legal capacity to consent to immunizations for venereal disease or reportable communicable diseases, but a health care provider still must determine that a particular minor who presents himself or herself for immunization has the capacity to make a decision on his or her own.

Varicella is the only required vaccine that prevents a disease that is neither venereal nor reportable under NC law.

VACCINES: LAW RELATED

Q: Is a parents written signature required for vaccination?

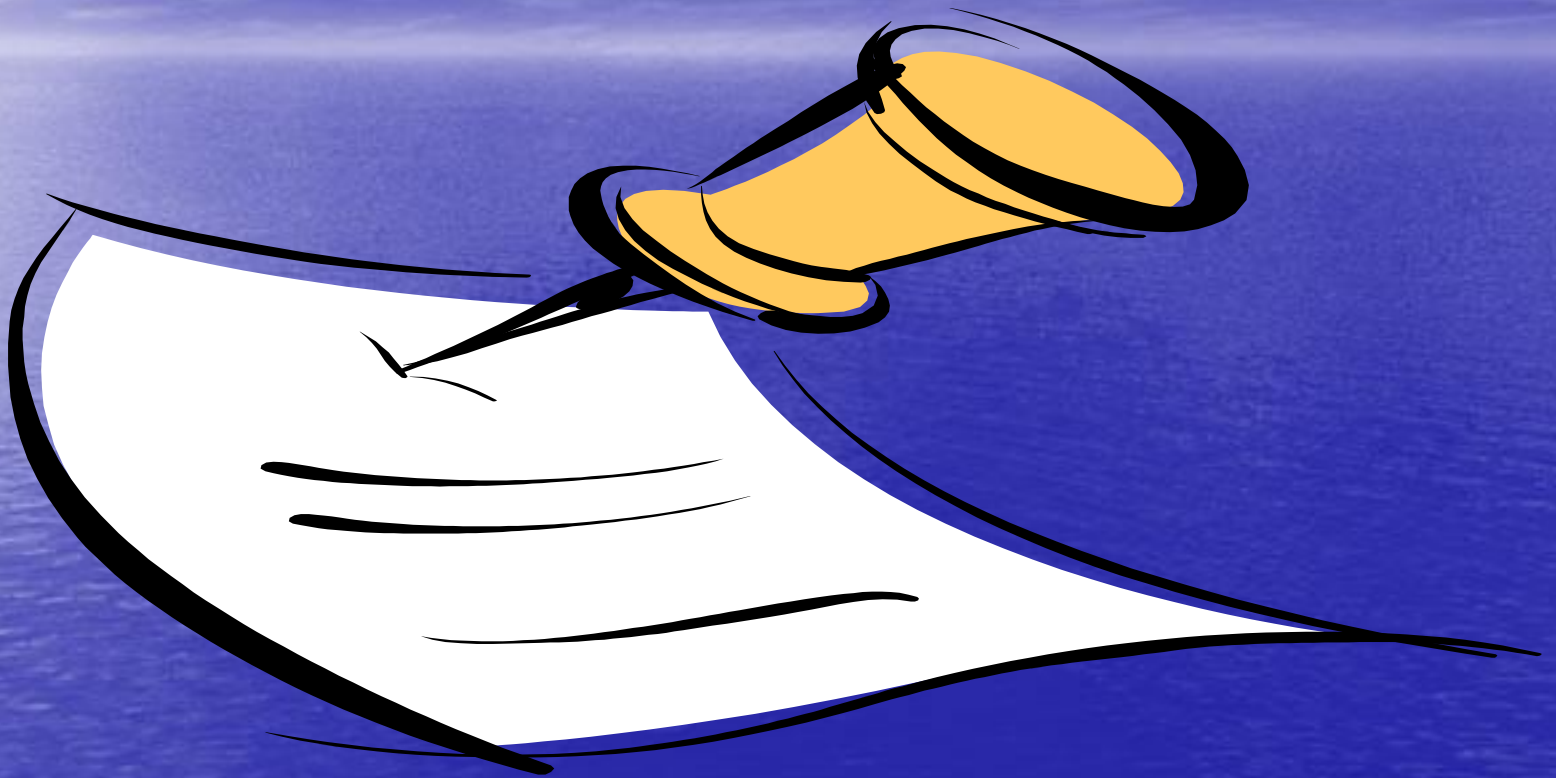


VACCINES: LAW RELATED

A:

- With one notable exception, whether to obtain a signature is a judgment call for the provider to make.
- There is no federal or state law requiring written consent.
- Health care providers' attorneys sometimes advise them to obtain consent in writing, because if the question of whether a health care provider had consent to give a particular immunization is ever disputed, a signature is evidence that consent was given.
- However, there is one case in which a signature is required. If the child is presented for immunization by an adult who has been authorized by the parent, guardian, or PILP to obtain the immunization, that adult *must* sign a statement affirming that he or she has been authorized by the parent, guardian, or PILP to obtain the immunization. The law specifically requires a signature in this case.

MEMOS



MEMOS: CONT'D

- Main source of communication
- Distributed as needed from the Immunization Branch.
- Sent to LHDs and private providers enrolled in the NCIP (North Carolina Immunization Program).

MEMOS: CONT'D

Distributed:

- Immunization Branch website (archived)
- NCIR Home Page
- Mail
- Faxed to LHD and Private Providers

<http://www.immunize.nc.gov/providers/memos.htm>

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North Carolina Immunization Branch

North Carolina Immunization Program (NCIP) Requirements

Memos

This list includes all memos sent by the North Carolina Immunization Branch for the current and preceding year. Memos sent prior to last year are in the Memos Archive. To search by subject press CTRL+F on your keyboard and type in the word or phrase you're searching for in the Find box, then press enter.

To find memos older than 2010, visit our [memo archive](#).

All documents are Adobe Acrobat PDF unless otherwise noted.

2013 Memos

- (6/24/13) [Influenza Vaccine Ordering for the 2013-2014 Season - LHDs](#) (PDF, 105 KB)
- (6/24/13) [Influenza Vaccine Ordering for the 2013-2014 Season - Private Providers](#) (PDF, 104 KB)
- (5/29/13) [Memo Regarding Middle-East Respiratory Syndrom Coronavirus \(MERS CoV\)](#) (PDF, 752 KB)
- (5/28/13) [Upcoming Hurricane Season](#) (PDF, 76 KB)
- (5/15/13) [Pediarix Allocation](#) (PDF, 251 KB)
- (5/13/13) [Measles Outbreak in North Carolina – Provider Update](#) (PDF, 289 KB)
- (5/7/13) [Samuel L. Katz, M.D. Excellence in Immunization Award Memo and Nomination Packet](#) (PDF, 55 KB)
- (5/6/13) [2013 LHD Annual Assessment](#) (PDF, 252 KB)
- (4/19/13) [Measles Vaccine Availability for Outbreak](#) (PDF, 469 KB)
- (4/9/13) [Transition to New Vaccine Ordering and Tracking System, VTrackS - NCIR Users](#) (PDF, 50 KB)
- (4/9/13) [Transition to New Vaccine Ordering and Tracking System, VTrackS - Non NCIR Users](#) (PDF, 50 KB)
- (4/1/13) [Resources for Educating Parents about Immunization Requirements](#) (PDF, 55 KB)
- (3/18/13) [Important Information Regarding 2013-2014 Influenza Vaccine Availability](#) (PDF, 60 KB)
- (2/25/13) [Flu Reminders and Announcement of Release of Stockpiled Flu Vaccine](#) (PDF, 65 KB)
- (1/24/13) [Boostrix Change in Presentation](#) (PDF, 72 KB)
- (1/23/13) [Influenza Materials Reminder](#) (PDF, 56 KB)
- (1/9/13) [Reminders Regarding Criteria and Storage Changes Effective Jan. 1, 2013](#) (PDF, 59 KB)

2012 Memos

- (12/19/12) [NCIP Provider Education Requirements](#) (PDF, 63 KB)
- (11/19/12) [Expansion in Availability and Coverage Criteria for State-Supplied Influenza Vaccine for the 2012-13 Influenza Season](#) (PDF, 64 KB) [Expansion Order Form](#) (PDF, 61 KB)
- (11/13/12) [2012 Holiday Shipping Schedule](#) (PDF, 65 KB)
- (11/9/12) [Interim Storage and Handling Guidance—Changes in Recommendations \(LHDs\)](#) (PDF, 64 KB)

NCIR Main Screen



Production Region 8.8.0
.....

- System Monitoring
 - check report status
- General
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 - check request status
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 - check benchmark
 - coverage rate report
 - check coverage report
 - ad hoc count report

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organization NORTH CAROLINA IMMUNIZATION REGISTRY • user Kristen Carroll • role NCIR Help Desk

announcements:

NEW

06/24/2013 ~

[New Look for Merck Shipping Containers](#)

NEW

06/13/2013 ~

[Updated Coverage Criteria](#)

NEW

05/31/2013 ~

[Middle East respiratory syndrome coronavirus](#)

NEW

05/28/2013 ~

[Update to VIS for HPV](#)

NEW

05/16/2013 ~

[Pediarix Allocation](#)

NEW

05/16/2013 ~

[Update Memo On Measles Outbreak](#)

NEW

05/16/2013 ~

[VIS updated for Tdap](#)

NEW

05/16/2013 ~

[VIS Updated for Prevnar 13](#)

NEW

04/25/2013 ~

[Boostrix Syringes](#)

NEW

04/25/2013 ~

[Vaccine Ordering](#)

NEW

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02/25/2013 ~

[Vaccine Coordinator Contact Verification Report](#)

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[Need Continuing Education Credits?](#)

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01/31/2013 ~

[Impact of Power Outages on Vaccine Storage](#)

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[Removing Expired Vaccine From Your Inventory](#)

NEW

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[Change in Supply of Boostrix Pre-filled Syringes](#)

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[Hot Topics from the Immunization Branch](#)

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[Use of Antivirals for Severe Influenza Infections](#)

NEW

12/05/2012 ~

[IAC Updates It's Federal Law Handout](#)

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[Flu Expansion Memo](#)

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11/21/2012 ~

[FluMist Replacement Program](#)

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11/08/2012 ~

[ProQuad Now Available](#)

NEW

10/25/2012 ~

[Varicella Schedule Update](#)

NEW

10/08/2012 ~

[Recent Updates to the NCIP Coverage Criteria](#)

NEW

10/05/2012 ~

[New Status Report Page](#)

NEW

08/27/2012 ~

[The NCIR](#)

NEW

07/17/2012 ~

[Flu VIS date updated](#)

NEW

07/17/2012 ~

[Ordering Flu Vaccine](#)

NEW

06/21/2012 ~

[M-M-R II Voluntary Recall](#)

NEW

05/21/2012 ~

[Updated VISs with barcodes](#)

NEW

05/17/2012 ~

[NCIR Access Issues](#)

NEW

05/03/2012 ~

[Minor Change to MMR VIS](#)

NEW

05/03/2012 ~

[Subject: Missing MMR and/or Varicella Diluent](#)

NEW

04/27/2012 ~

[MMR VIS date has been updated](#)

NEW

04/24/2012 ~

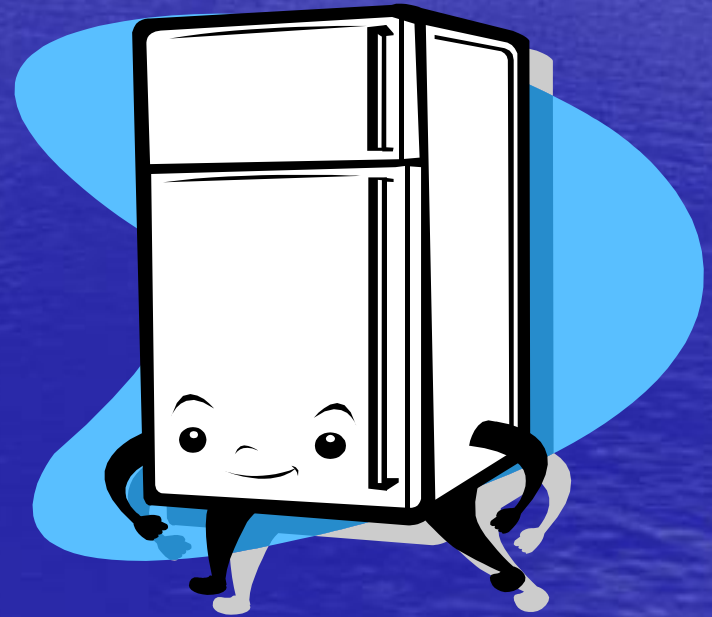
[Immediate Allocation Reduction for Pentacel Vaccine](#)

more announcements

MEMOS: CONT'D

Reasons:

- Vaccine Ordering
- Shortages
- Storage and Handling
- Change in Requirements
- Disease Notification
- Holiday Shipping Schedule
- Special Events
- Etc.



COVERAGE CRITERIA

- The purpose of the coverage criteria is to distinguish which individuals, present in North Carolina, are eligible for state-supplied vaccine from the North Carolina Immunization Program (NCIP).
- NCIP state-supplied vaccine is generally available for children through the age of 18 in compliance with recommendations made by the Advisory Committee for Immunization Practices (ACIP) and the Vaccines for Children (VFC) program.
- ACIP recommends certain vaccines for certain individuals who are not covered by NCIP state-supplied vaccine. Health care providers must use privately-purchased vaccine for those individuals who wish to have vaccine and are not covered by this coverage criteria

Coverage Criteria-

<http://www.immunize.nc.gov/providers/coveragecriteria.htm>

**NORTH CAROLINA IMMUNIZATION PROGRAM (NCIP)
COVERAGE CRITERIA FOR ALL CHILDREN PRESENT IN NORTH CAROLINA**
Effective: June 5, 2013

The purpose of this document is to distinguish which cohorts of persons, present in North Carolina, are eligible for vaccine from the North Carolina Immunization Program (NCIP). North Carolina Immunization Program (NCIP) vaccine is generally available for children through the age of 18 in compliance with recommendations made by the Advisory Committee for Immunization Practices (ACIP) and the Vaccines for Children (VFC) program. Exceptions for adult vaccine usages are noted below. ACIP recommends certain vaccines for certain cohorts who are not covered by NCIP vaccine. Health care providers must use privately-purchased vaccine for those cohorts who wish to have vaccine and are not covered by this coverage criteria. For the current recommendations for each vaccine, please see the ACIP statements found at: <http://www.cdc.gov/vaccines/pubs/ACIP-list.htm>. Current Procedural Terminology ® (CPT) codes have been added for your reference.

VACCINE	AGES COVERED	ELIGIBILITY CRITERIA FOR NCIP VACCINE USAGE	Cohort	**ACIP Recommendation Highlights	CPT Code
DT Pediatric	≥2 months through 6 years	Only administered when pertussis-containing vaccine is medically contraindicated.	UNIVERSAL		90702
DTaP	≥2 months through 6 years		VFC ONLY		90700
DTaP, Hep B, and polio combination (Pediarix)	≥ 2 months through 6 years		VFC ONLY	Currently licensed for the primary series at ages 2, 4, and 6 months of age. Not approved for the fourth dose of IPV or the fourth and fifth doses of DTaP.	90723
DTaP, polio, and Hib combination (Pentacel)	≥ 2 months through 4 years		VFC ONLY	Currently licensed for a 4-dose series at ages 2, 4, 6 and 15-18 months.	90698
DTaP/IPV combination (Kinrix)	≥ 4 years through 6 years		VFC ONLY	Currently licensed only for the 4-6 year booster dose of DTaP and polio vaccines	90696
EIPV (Polio)	≥2 months through 17 years		VFC ONLY	See ACIP recommendations for administration to persons ≥18 years of age.	90713

COVERAGE CRITERIA

Q:What does it mean to be underinsured?

A: A child birth through 18 years of age whose:

- Private insurance does not cover vaccines.
- Private insurance only covers selected vaccines (VFC eligible for those non-covered vaccines).
- Insurance caps at a certain amount – once that amount is reached categorized as underinsured.

COVERAGE CRITERIA

Q: Can any provider administer NCIP vaccine to the underinsured child?

A: No, NCIP vaccine can only be administered to an underinsured child at a FQHC, RHC, LHD, or deputized provider.

COVERAGE CRITERIA

Q: What does it mean to be a deputized provider?

A: Provider's are deputized based largely on geographic variances that create pockets of need within the state.

COVERAGE CRITERIA

Q: If a child has both Medicaid and private insurance are they eligible for NCIP vaccine?

A: Yes, a child is eligible for NCIP vaccine if they have Medicaid regardless if it is primary or secondary.

NCIR



Q: Will you look at a client and tell me why the vaccine is invalid?

https://ncir-uat.dhhs.state.nc.us/uat-ir/immunizationEntry.do

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North Carolina Immunization Registry .. [Add Historical Data]

AT Region 8.4.0

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quest transaction sum
 quest vaccine usage

Client Name (First - MI - Last) DOB Gender Mother's Maiden Tracking Schedule Chart #

CHICKENPOX JONES 05/26/2001 U ACIP

Address

Comments

History

New Immunization Entry

Edit Client

Reports

Vaccine Group	Date Administered	Series	Trade Name	Dose	Owned?	Reaction	Hist?	Edit
DTP/aP	07/26/2001	1 of 5					Yes	
	09/26/2001	2 of 5					Yes	
	11/26/2001	3 of 5					Yes	
	05/26/2002	4 of 5					Yes	
	05/26/2002	5 of 5					Yes	
HepA	05/26/2002	1 of 2					Yes	
	11/26/2002	2 of 2					Yes	
HepB	05/26/2001	1 of 3					Yes	
	07/26/2001	2 of 3					Yes	
	11/26/2001	3 of 3					Yes	
Hib	07/26/2001	1 of 4					Yes	
	09/26/2001	2 of 4					Yes	
	11/26/2001	3 of 4					Yes	
	05/26/2002	4 of 4					Yes	
MMR	05/26/2002	1 of 2					Yes	
	06/15/2007	NOT VALID					Yes	
Polio	07/26/2001	1 of 4					Yes	
	09/26/2001	2 of 4					Yes	
	05/26/2002	3 of 4					Yes	
	05/26/2007	4 of 4					Yes	
Varicella	05/26/2002	1 of 2					Yes	
	05/26/2007	2 of 2					Yes	

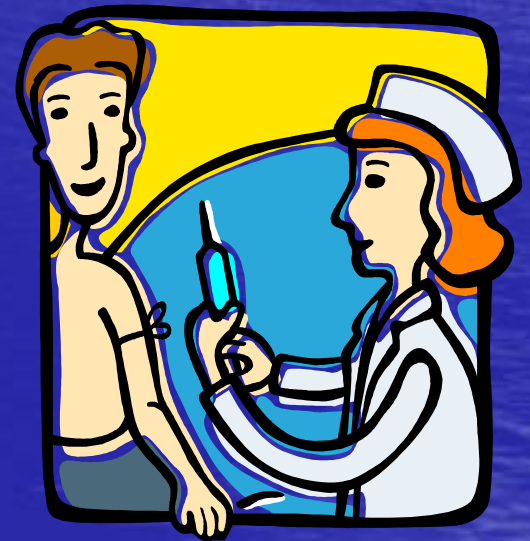
Current Age: 10 years, 2 months, 10 days

* Provider Organization

* Default Dates

NCIR

Q: I have an adult age 22 who received a hepatitis B on 06/02/2013, he is in today (08/02/2013) for his second dose. When I put it in NCIR it is showing up invalid.



NCIR

A: The minimal interval has been met(4 weeks between dose 1 and 2). An adult dose is showing in the inventory, however it was entered as 0.5ml instead of 1.0ml. The inventory is corrected NCIR is no longer indicating as invalid.

NCIR

Q: I have a child in the office his date of birth is 09/06/2002. They received a single antigen measles vaccine on 09/07/2003, a single antigen rubella vaccine on 10/30/2003, and a single antigen mumps vaccine on 11/30/2003. An MMR was administered on 09/06/2007. NCIR is indicating additional doses are due. Are they?

NCIR

A:

- After the first birthday.
- Minimal intervals met.
- Law requirements met.
- No additional doses needed.

RESOURCES: WEBSITES

www.immunize.nc.gov

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North Carolina Immunization Branch



North Carolina Immunization Branch

The N.C. Immunization Branch promotes public health through the identification and elimination of vaccine-preventable diseases like polio, hepatitis B, measles, chickenpox, whooping cough, rubella (German measles), and mumps. In 2001, the Branch incorporated an adult education component into the program to raise awareness of the agelessness of immunizations.

Hot Topics

- [Urgent! Voluntary Recall for Hep B Vaccine \(Recombinant\) Adult Formulation Information](#) (PDF, 25 KB)
- [Influenza Vaccine Ordering for the 2013-2014 Season Memos](#)
[For LHDs](#) (PDF, 105 KB)
[For Private Providers](#) (PDF, 104 KB)
[Sample 2013-2014 Pre-Book Request for Influenza](#)

News and Events

Registration Now Open!
2013 NC Immunization Conference
July 31 - Aug. 2
Click [here](#) for more information and to register!

[June Edition of Vax Facts](#)

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The Immunization Action Coalition, a 501(c)(3) non-profit organization, is the nation's premier source of child, teen, and adult immunization information for health professionals and their patients.

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 [Video of the Week](#)



A Change of Heart: In this new video from Immunize BC (Canada), Tyson and Dawn Wozniak tell their story about how, as "natural parents," they decided not to vaccinate their first child. Upon having their second child, however they began to do more research and subsequently had "A Change of Heart."

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- "The Pink Book"
- Guidelines for Vaccinating Pregnant Women
- Vaccine Storage and Handling Toolkit
- ACIP General Recommendations on Immunization - MMWR

<http://www.cdc.gov/vaccines/pubs/pinkbook/index.html>

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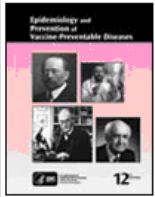
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Epidemiology and Prevention of Vaccine-Preventable Diseases

The Pink Book: Course Textbook

12th Edition Second Printing (May 2012)



 **Note:** Changes were made to the 12th Edition, 2nd Printing in May. See [list of changes](#).

The 12th Edition, Epidemiology and Prevention of Vaccine-Preventable Diseases, "Pink Book" includes updated information on routinely used vaccines and the diseases they prevent! Order your copy today!

The Pink Book provides physicians, nurses, nurse practitioners, physician assistants, pharmacists, and others with the most comprehensive information on vaccine-preventable diseases.

Typical chapters include a description of the disease, pathogenesis, clinical features, laboratory diagnosis, medical management, epidemiology, risk factors, trends in the United States, vaccine details, vaccination schedule and use, contraindications and precautions to vaccination, adverse reactions following vaccination, vaccine storage and handling, and reference or publications.

The appendices are a wealth of reference materials including: minimum age and interval table, current and discontinued vaccines, ingredients tables, vaccine administration guide, etc.

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Order the Pink Book

12th Edition Second Printing of the Pink Book (May 2012)

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- Fax:** Purchase orders and credit card orders may be faxed to (240) 757-4813.
- Email:** Send your email order with payment information to phfpubs@brightkey.net.
- Download to eBook reader:** Download to your digital reader from sites such as Amazon.com, Barnes & Noble, and Google

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- Cover and front matter: Cover, table of contents, etc.
- Chapter 1: Principles of Vaccination
- Chapter 2: General Recommendations on Immunization
- Chapter 3: Immunization Strategies
- Chapter 4: Vaccine Safety
- Chapter 5: Vaccine Storage and Handling
- Chapter 6: Diphtheria
- Chapter 7: *Haemophilus influenzae* type b (Hib)
- Chapter 8: Hepatitis A
- Chapter 9: Hepatitis B
- Chapter 10: Human Papillomavirus (HPV)
- Chapter 11: Influenza
- Chapter 12: Measles
- Chapter 13: Meningococcal Disease
- Chapter 14: Mumps
- Chapter 15: Pertussis
- Chapter 16: Pneumococcal Disease
- Chapter 17: Poliomyelitis
- Chapter 18: Rotavirus
- Chapter 19: Rubella
- Chapter 20: Tetanus
- Chapter 21: Varicella

Slide sets for 12th edition second printing


- Consult the [summary page](#) for a list of slide sets for the 12th edition second printing.

Summary of changes to 12th edition

- Consult the [summary page](#) for a list of changes between 11th and 12th editions.

Errata, Updates, and Clarifications


- Consult the [errata, updates & clarifications page](#) to check for errors that have been corrected, information that has changed, or unclear information that has been clarified. **(Latest entry 8/30/12.)**

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The Pink Book appendices contain a wealth of reference materials including: minimum age and interval table, current and discontinued vaccines, vaccine ingredients tables, foreign vaccine names and terms, vaccine administration guide, etc.


Download all the appendices files  [3.73 MB]

 **Note:** Each appendix is offered as a full set or in its individual components. Each "full set" appears exactly as in the print version of the book. Individual components may be updated, and are more likely to be current.

Appendix A: Schedules and Recommendations

Entire Appendix A (full set)  [655 KB, 30 pages]

Appendix A by section:

- Childhood Immunization Schedule
- Adult Immunization Schedule
- Recommended Minimum Ages and Intervals  [38 KB, 2 pages]
- Summary of Recommendations for Childhood & Adolescent Immunization  [126 KB, 4 pages] 

And at the end of the day.....





THANK YOU!

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